



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
State Form 4604 (R13/9-10)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CEA-1)  
**FILED**  
JUL 06 2015  
Myla A. Eldredge

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Perez	First Name Alfonso	Middle Name M	Nickname A1	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 427 Fletcher Ln.		5. FAX (Optional) ( )		6. E-mail Address (Optional)	
7. City Beech Grove	State IN	ZIP Code 46107	8. County Marion	9. Telephone (Day) (317) 791-0210	10. Telephone (Evening) ( )
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Beech Grove City Council District 4		

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Perez for Council					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 427 Fletcher Ln.			15. FAX (Optional) ( )		16. E-mail Address (Optional)
17. City Beech Grove	State IN	ZIP Code 46107	18. County Marion	19. Telephone (317) 791-0210	20. Committee Organization Date (MM-DD-YY) 7/1/15
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson ALFONSO PEREZ					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 427 FLETCHER LN			23. FAX (Optional) ( )		24. E-mail Address (Optional)
25. City BEECH GROVE	State IN	ZIP Code 46107	26. County MARION	27. Telephone (Day) (317) 791-0210	28. Telephone (Evening) (317) 791-0210
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) NOT ESTABLISHED					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes		

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer		Signature of the Committee Chairperson
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer ALFONSO PEREZ					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 427 FLETCHER LN			35. FAX (Optional) ( )		36. E-mail Address (Optional)
37. City BEECH GROVE	State IN	ZIP Code 46107	38. County MARION	39. Telephone (Day) (317) 791-0210	40. Telephone (Evening) (317) 791-0210

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson ALFONSO M PEREZ	Signature of Chairperson Alfonso M Perez	Date (MM-DD-YY) 6-30-15
43. Typed or Printed Name of Candidate ALFONSO M PEREZ	Signature of Candidate Alfonso M Perez	Date (MM-DD-YY) 6-30-15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

**FILED**

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